## **DECLARATION AND POWER OF ATTORNEY**

As a below named inventor, I hereby declare:

That my residence, post office address and citizenship are as stated below next to my name.

That I verily believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural inventors are named below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

	Wireless Telephone	With Spectral Spread in Sampled Voice	
the specification of which (che	eck one)		
( ) is attached hereto.	•		
( ) was filed on	as		
Application Serial No.	<del>-</del>		
and was amended on			
	(if applicable)	<del></del>	
That I have reviewed amendment referred to above	and understand the contents o	f the above-identified specification, including the	ne claim(s), as amended by any
	•		
That I acknowledge th 37, Code of Federal Regulation		known to be material to patentability of this ap	olication in accordance with Title
inventor's certificate listed be having a filing date before that			ntor's certificate on this invention
Prior Foreign Application(s)		Prior	ity Claimed
PCT BR2004/000107	Brazil	29/06/2004	X
(Number)	(Country)	(Day/Month/Year Filed)	
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		(,	
(Number)	(Country)	(Day/Month/Year Filed)	
to be true; and further that punishable by fine or imprisor	these statements were made	ge are true and that all statements made on inf with the knowledge that willful false statem 1001 of Title 18 of the United States Code and ssuing thereon.	ents and the like so made are
	РО	WER OF ATTORNEY	
		omer Number <b>24628</b> , of the law firm of WELS and to transact all business in the United State	
	CORRE	SPONDENCE ADDRESS	
The address associated with		•	
Customer Number:	24	628	

Should be used for all correspondence in this application.

(WELSH & KATZ, LTD. Phone: (312) 655-1500)

Atty. D	ocket	No. 0	199-9	5831
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Full name of sole or first joint inventor:	COSTA, João Martinho
Inventor's signature:	MOVE
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Inventor's signature:	
Date:	
Mailing Address:	
Residence:	
Citizenship:	
Full name of sole or third joint inventor.	
Inventor's signature:	
Date:	
Mailing Address:	
Residence:	
Citizenship:	